

Virginia Stroke Coordinator Consortium (VSCC) Charter and Structure

Vision:

To strive for excellent evidence based stroke prevention and care for all Virginians

Mission:

1. To promote evidence based care for hospitals in Virginia
2. To share best practices and latest research and evidence based care
3. To improve collaborative partnerships with EMS and community
4. To share resources, tools, innovative ideas and technology
5. To communicate work done in Virginia Stroke System Task Force Meetings
6. To continually strive for access to Stroke care at the highest level in all areas of the state of Virginia

Structure:

1. The VSCC will be chaired or co-chaired by a stroke coordinator rotating on a 2 year cycle.
2. The region leads will serve as mentors, coaches, resources for the hospitals within the regions.
3. The VSCC will meet at least quarterly following the schedule of the VSSTF.
4. The VSCC will report to the Virginia Stroke Systems Task Force
5. The VSCC will provide relevant and useful information and resources to the Stroke Coordinators page on the VDH VSSTF website as well as feedback to the entire website

Goals:

1. Annually attempt to identify a Stroke Coordinator (or at least a stroke contact) at all Virginia hospitals
2. Increase communication and collaboration amongst the Stroke Coordinators
3. Identify, develop and share stroke tools and protocols
4. Continue to build and Improve relationships with Emergency Medical Services (EMS)
5. Increase community outreach related stroke throughout the state
6. Increase the number of Certified Stroke Centers at all levels of certification
7. Improve and standardize quality stroke care
8. Increase the timely treatment of acute stroke
9. Increase attendance at local, regional, and national stroke symposia as well as abstract, poster, and podium presentations reflective of the Virginia State Stroke Systems of Care
10. Examination of Clinical Practice Guidelines and current trends and collaboration with healthcare team and implementation into clinical practice

Measurement Tools:

1. Number of Stroke Coordinators/contacts identified
2. Amount of contact and communication amongst Stroke Coordinators
3. Number of tools and protocols identified and developed
4. Number of collaborative initiatives, i.e. stroke related educational and/or community events
5. Data from Get With the Guidelines, Truven Health Analytics-Care Discovery Quality Measures and/or other stroke registries/databases used in Virginia